

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		2				
13		2 1				
14		2 1				
15		2 1				
16		2 1				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26	1					
27		1				
28	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						